



kuei luck enrichment center 快樂教育中心

WEEKEND ENRICHMENT REGISTRATION FORM 2017

SEPTEMBER 17, 2016 – JUNE 10, 2017

ACCT (OFFICE USE) _____

REG. REF (OFFICE USE) _____

STUDENT BIOGRAPHICAL INFORMATION

DATE: _____

KLEC STUDENT ID (PLEASE FILL IF KNOWN, OTHERWISE LEAVE BLANK): _____

FIRST NAME: _____ LAST NAME: _____

AGE: _____ BIRTH DATE: ____/____/____ (MM/DD/YY)

SCHOOL: _____ GRADE ATTENDING IN FALL 2016: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: (H) (____) ____ - _____ (W) (____) ____ - _____

(C) (____) ____ - _____

EMAIL ADDRESS (REQUIRED): _____

W

EMERGENCY CONTACT INFORMATION (MUST BE A DIFFERENT CONTACT FROM ABOVE)

EMERGENCY CONTACT (FIRST & LAST NAME): _____

PHONE NUMBER: (H) (____) ____ - _____ (W) (____) ____ - _____

(C) (____) ____ - _____

PROGRAM

START DATE: _____

SESSION (PLEASE CHECK ONE)

AM SESSION

PM SESSION

MEDICAL INFORMATION

PLEASE LIST ANY KNOWN ALLERGIES:



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ACCOUNTING (FOR OFFICE USE ONLY)

PAYMENT TYPE PAY IN FULL 2 PAYMENTS

TUITION \$2250/\$2300 + _____

DISCOUNT - _____

TOTAL = _____

REFERRED STUDENT'S NAME	STUDENT ID
_____	_____
_____	_____
_____	_____

PAYMENT INFORMATION

DATE	PAYMENT TYPE	AMOUNT	RECEIPT NUMBER	BANK	CHECK NO.	REF NO.
	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH					
	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH					
	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH					

TUITION & WITHDRAWAL POLICIES

Withdrawal Policy

- Prior to the start of the program** - Full tuition is refundable less a \$100 processing fee*.
- After program start** - 50% of prorated tuition less \$100 processing fee*.

* Processing fee will be waived if refund is applied to other programs.

* All credits expire one year from issue date.

Tuition Policy

Payment must be received prior to students attending classes. If parents elect to enroll in the "2-Payment" plan, the second payment must be made before class on December 10, 2016. Students will be prevented from attending classes thereafter if payment has not been made. Further, if payment is not made, your child risks the chance of losing his/her spot in the class. Parents electing to the "Pay-in-Full" payment option must make full payment prior to the start of the program otherwise your child will not be allowed to attend class. Further, full payment must be received by discount date in order to benefit from discount.

TERMS AND CONDITIONS OF ENROLLMENT

I hereby swear that I am the parent or legal guardian of the listed student above, a minor, to participate in Kuei Luck Enrichment Center and all its programs and activities. I grant Kuei Luck Enrichment Center and its affiliates the right to take and use photos and videos of the student listed above for promotional purposes. I hereby agree to reimburse the Kuei Luck Enrichment Center for any property damage caused by the student listed above. Kuei Luck Enrichment Center reserves the right, after careful consideration, to move a child to a different class if we feel that the student is not in the appropriate level. Kuei Luck Enrichment Center reserves the right to dismiss a student who, after careful consideration and examination, is deemed a hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the program and shall not receive a refund.

I understand and agree to pay a cash payment of the sum total of \$25 for administration fee if any check written to Kuei Luck Enrichment Center is returned.

In the case of an emergency, if any of the listed contacts and emergency contacts cannot be reached, the director or acting person in charge of Kuei Luck Enrichment Center as well as the medical staff at New York Hospital Queens has my permission to make decisions regarding the emergency care or treatment for the student listed above. I hereby waive and release Kuei Luck Enrichment Center, The New York City Department of Education and/or its designees from any and all liability and costs associated with any accidents and emergency care. I further understand that I or my medical insurance carrier will be responsible for any medical expenses arising from said emergency or treatment. I hereby certify that I have listed all medical conditions and activity limitations accurately and truthfully on my child's medical form. By the student listed above participating in any activities or programs sponsored by Kuei Luck Enrichment Center, it is an automatically assumed that I agree to the terms and conditions listed above and are considered to be legally binding.

I HEREBY CERTIFY THAT I HAVE READ AND ACCEPTED ALL THE ABOVE CONDITIONS ABOVE AND THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE.

PARENT / GUARDIAN SIGNATURE

DATE